SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | |
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| hours per response: | 0.5 | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] Pradhan Anshu | | | 2. Issuer Name and Ticker or Trading Symbol View, Inc. [VIEW] | | tionship of Reporting Pe all applicable) Director | 10% Owner | | |
|--|---------|----------|--|-------|---|---------------------------------------|--|--|
| (Last) C/O VIEW, IN | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2023 | X | Officer (give title below) Chief Technolog | Other (specify below) y Officer | | |
| 195 S. MILPITAS BLVD | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | , | | | |
| (Street) MILPITAS | CA | 95035 | | X | Form filed by More that Person | 0 | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|---|-----------------------------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Class A Common Stock | 09/08/2023 | | F | | 239(1) | D | \$11.91 | 14,702 | D | |
| Table II., Derivative Securities Acquired Disposed of an Repeticially Owned | | | | | | | | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | vative rities lired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | Expiration Date Amount of (Month/Day/Year) Securities Underlying Derivative | | priration Date Amount of Der lonth/Day/Year) Securities Sec Underlying (Ins Derivative Security (Instr. | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|--|-------------------------------------|--------------------|--|--|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents shares of View, Inc.'s Class A common stock, par value \$0.0001 per share, withheld to satisfy tax withholding obligations applicable to the vesting of stock-settled restricted stock units.

| | s <u>/ William Krause, /</u> n-fac <u>t</u> | <u>Attorney-</u> | 09/12/2023 |
|---|--|------------------|------------|
| * | * Signature of Reporting | Person | Date |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.